

OCT 26 2010

## **IOWA BOARD OF PHARMACY**

## STATE OF IOWA BEFORE THE IOWA BOARD OF PHARMACY EXAMINERS

IN THE MATTER OF:	)
LINDSEY J. LAURENT	) CONSENT AGREEMENT
Respondent.	)

The Iowa Board of Pharmacy Examiners (Board) and Lindsey J. Laurent (Respondent) enter into the Consent Agreement (Agreement) pursuant to Iowa Code sections 17A.10 and 272C.3(4) (2009):

- 1. The Respondent seeks to register as a pharmacy technician with the board for the purpose of employment in Iowa by a licensed pharmacy under the responsibility of an Iowa-licensed pharmacist to assist in the technical functions of the practice of pharmacy, as provided in rules 3.22(155A) through 3.24(155A).
- 2. The Respondent is currently employed by Mercy Family Pharmacy East located at 1000 Langworthy Street, Dubuque, Iowa.
- 3. The Respondent, on her application for registration as a pharmacy technician revealed a history of conviction in criminal court relating to possession of drug paraphernalia.
- 4. Upon approval of this Agreement by the Board, the Respondent shall receive a registration as a pharmacy technician trainee for the purpose of employment in Iowa by a licensed pharmacy under the responsibility of an Iowa-licensed pharmacist to assist in the technical functions of the practice of pharmacy, as

- provided in rules 3.22(155A) through 3.24(155A), subject to probation as provided in this agreement.
- 5. The Respondent's registration as a pharmacy technician trainee in Iowa shall be issued and placed on probation for a period of three years, beginning on the date of the Board's acceptance and approval of this Agreement. During the probationary period, the Respondent shall comply with the following terms:
  - a. The Respondent shall provide witnessed blood or urine specimens on demand by an agent of the Board. The specimens shall be used for alcohol and drug screening, all costs of which shall be paid by the Respondent.
  - b. The Respondent shall file written, sworn quarterly reports with the Board attesting to her compliance with all the terms and conditions of this Stipulation and Consent Order. The reports shall be filed no later than December 5, March 5, June 5, and September 5 of each year of the Respondent's probation. The quarterly reports shall include the Respondent's place of employment, current home address, home telephone number, or work telephone number, and any further information deemed necessary by the Board from time to time.
  - c. The Respondent shall make personal appearance before the Board or a Board committee upon request. The Respondent shall be given reasonable notice of the date, time, and location for such appearances. Any such appearance shall be subject to the waiver provisions of 657 Iowa Administrative Code § 35.9.
  - d. The Respondent shall obey all federal and state laws and regulations substantially related to the practice of pharmacy and the distribution of controlled substances.
  - e. The Respondent shall inform the Board in writing within ten (10) days of any change of home address, place of employment, home telephone number, or work telephone number.
- 6. The Board reserves the right to review the Respondent's compliance with the terms of this Agreement at any time.
- 7. Should the Respondent violate the terms of this Consent Agreement in any respect, the Board may institute formal disciplinary proceedings. This Agreement

shall be made part of the permanent record of the Board, and violations of this Agreement may be considered by the Board in determining the nature and severity of any future disciplinary action.

- 8. This Agreement has been approved by the Board.
- 9. The Respondent voluntarily agrees to enter into this Agreement with the Board.
- 10. This Agreement is a public record available for inspection and copying in accordance with Iowa law.

**WHEREFORE,** the terms of this Consent Agreement are agreed to and accepted by the Iowa Board of Pharmacy Examiners and the Respondent.

This Stipulation and Consent Order i	s hereby accepted and approved by Respondent on
the 22 day of OCO DER, 2010.	Linche Infarmat
	Lindsey J. Laurent
	Respondent
State of Thu	
County of Dublibute	
Signed and sworn (or affirmed) before me	e
on October 22,2010	1
Date	
by Lindsey Luurent	
Name(s) of Person(s)	- SA/4
Jana 2 Moninette	DANA L. MORRISSETTE Commission Number 22 73 73 11 11 11 11 11 11 11 11 11 11 11 11 11
Signature of Notary Public	104

This Stipulation and Consent Order	was accepted	by the Iowa Board of Pha	armacy Examiners on
the 3rd day of November	, 201 <u>0</u> .		1

VERNON H. BENJAMIN, Chairperson Iowa Board of Pharmacy Examiners 400 SW Eighth Street, Suite E Des Moines, Iowa 50309-4688

cc: Scott Galenbeck
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